

Fill in this information to identify your case:

Debtor 1 Mary Lynne O'Brien
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN District of PENNSYLVANIA

Case number 15-10185
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
 MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

☒ No☐ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes	4a. \$	0.00
4b. Property, homeowner's, or renter's insurance	4b. \$	0.00
4c. Home maintenance, repair, and upkeep expenses	4c. \$	0.00
4d. Homeowner's association or condominium dues	4d. \$	0.00

Debtor 1

Mary Lynne O'Brien

First Name

Middle Name

Last Name

Case number (if known) 15-10185

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	\$ 479.34
6.	Utilities:	
6a.	Electricity, heat, natural gas	\$ 225.00
6b.	Water, sewer, garbage collection	\$ 34.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$ 367.00
6d.	Other. Specify: Well Maintenance	\$ 75.00
7.	Food and housekeeping supplies	\$ 497.95
8.	Childcare and children's education costs	\$ 0.00
9.	Clothing, laundry, and dry cleaning	\$ 50.00
10.	Personal care products and services	\$ 25.00
11.	Medical and dental expenses	\$ 100.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	\$ 150.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	\$ 100.00
14.	Charitable contributions and religious donations	\$ 0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$ 0.00
15b.	Health insurance	\$ 0.00
15c.	Vehicle insurance	\$ 134.00
15d.	Other insurance. Specify:	\$ 0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Taxes on IRA Withdrawal	\$ 1076.61
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	\$ 0.00
17b.	Car payments for Vehicle 2	\$ 0.00
17c.	Other. Specify:	\$ 0.00
17d.	Other. Specify:	\$ 0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	\$ 0.00
19.	Other payments you make to support others who do not live with you. Specify:	\$ 0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	\$ 1079.54
20b.	Real estate taxes	\$ 0.00
20c.	Property, homeowner's, or renter's insurance	\$ 0.00
20d.	Maintenance, repair, and upkeep expenses	\$ 0.00
20e.	Homeowner's association or condominium dues	\$ 0.00

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21. **Other.** Specify: Medical Supplements

21. **+\$** 400.00

22. **Your monthly expenses.** Add lines 4 through 21.
The result is your monthly expenses.

22. **\$** 5003.44

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$** 5375.00

23b. Copy your monthly expenses from line 22 above.

23b. **-\$** 5003.44

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. **\$** 371.56

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: